

1. CIR./DIST./DIV. CODE OHS		2. PERSON REPRESENTED Lalonde, Paul		VOUCHER NUMBER																																																																																																													
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:02-000168-001		5. APPEALS DKT./DEF. NUMBER																																																																																																													
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) U.S. v. Lalonde		8. PAYMENT CATEGORY Felony																																																																																																													
9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Criminal Case																																																																																																															
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 371.F -- CONSPIRACY TO DEFRAUD THE UNITED STATES																																																																																																																	
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Welsh, William 215 East 9th Street Suite 100 Cincinnati OH 45202  Telephone Number: (513) 241-1989			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) _____ Signature of Presiding Judicial Officer or By Order of the Court Date of Order: 08/01/2006      Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																														
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) Law Offices of William Welsh 215 East 9th Street Suite 100 Cincinnati OH 45202																																																																																																																	
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22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____      Date: _____																																																																																																																	
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34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.				DATE																																																																																																													
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